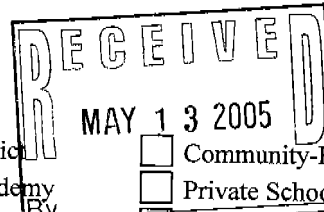


**MICHIGAN DEPARTMENT OF EDUCATION  
SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION**

**INSTRUCTIONS:** Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to VrettasA@michigan.gov.

CHECK THE APPROPRIATE BOX:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> For Profit Company                 | <input type="checkbox"/> Local School District        | <input type="checkbox"/> Community-Based Organization |
| <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Public School Academy        | <input type="checkbox"/> Private School               |
| <input type="checkbox"/> Institution of Higher Education    | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based Organization     |



**Section 1: Provider Identification**

Name of Entity Parent Child Computer Learning Foundation, Inc.

Name of Director William J. Mosley

Address 743 Virginia Park City Detroit State MI Zip 48202

Phone 313-872-1103 Fax 313-872-1606 Email cpa731@mindspring.com

Proposed Location of Services (if different from above):

Address 440 Burroughs (WSU Tech Town) City Detroit State MI Zip 48202

If different from Director:

Name of Contact Person Mecha L. Crockett

Address 743 Virginia Park City Detroit State MI Zip 48202

Phone 313-872-1103 Fax 313-872-1606 Email mcrockett3@msn.com

**Section 2: Provider Geographic Service Area Information**

**1. Our organization can provide services to:**

All local school districts/PSAs in Michigan: Yes ☐ No ☐

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

Wayne, Oakland and Macomb Counties

**2. Proposed Location of Services** – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: Wayne State University Tech Town, 440 Burroughs, Detroit, MI 48202

Site Location #2: \_\_\_\_\_

Site Location #3: \_\_\_\_\_

**3. Transportation** – Provide information about accessibility to public transportation from your site:

Accessible to all major highways, I-94, I-75, I-96 and Lodge. Accessible to all Public  
transportation in Detroit and surrounding areas

**4. Indicate if you are willing to provide services to eligible students at the school site:**

Yes ☐ No ☒

### Section 3: Provider Academic/Instructional Program Information

**1. Subject Areas Covered** – List all subject areas you address in working with students:

Math, writing, reading, English/Language Arts and science.

**2. Grade Level Able to Serve** – Indicate the grade levels you are able to serve: K-12

**3. Time of Services** – Indicate when you deliver services to students:

☐ Before School    ☒ After School    ☐ Weekends    ☒ Summer    ☐ Other \_\_\_\_\_

**4. Mode of Instructional Delivery** – Describe the methods by which your program delivers instruction to students:

☒ Individual Tutoring    ☒ Small Group Instruction    ☐ Large Group Instruction  
☒ Online Web-Based    ☐ Other \_\_\_\_\_

**5. Schedule of Services** – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 2 hours    Number of Sessions per Week 4 per week

**6. Staffing** – Indicate the type(s) of staff that provide instruction to students:

☒ Certified Teachers    ☐ Paraprofessionals    ☐ Volunteers    ☐ Other \_\_\_\_\_

**7. Special Populations Served** – Indicate special populations you are able to serve:

☐ Special Education    ☐ Limited English Proficient    ☐ Other N/A

### Section 4: Provider Fees

**Cost/Fee Structure** – Check and complete the cost/fee structure you use:

☒ \$26.10 per hour (unit of time, e.g., hour, week, etc.) per student.

☐ \$ \_\_\_\_\_ (flat fee) for \_\_\_\_\_ (unit of time, e.g., month, semester, year) per student.